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Issue Date

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**State of Rhode Island
Board of Pharmacy**

Room 205
3 Capitol Hill
Providence, RI 02908-5097

Instructions and Application For

Licensure as a Pharmacy Technician

Check Box: ☐ Trainee ☐ Trainee (Vocational)

9

Trainee

11

Trainee (Vocational)

11

Pharmacy Technician

9

By Endorsement

--

Applicant - Print Name (First/MI/Last)

GENERAL INFORMATION

Enclosures

The following materials and information are enclosed with this application packet:

Application Process Overview	4
Instructions for Completing Board Application	5
Application Materials:	
Board Application	6-8
Application Checklist	11
Interstate Verification Form (endorsement candidates only)	12

Licensure Requirements

Pharmacy technician trainee:

- Application Fee - \$25.00
- 1. Good moral character;
- 2. 18 years of age or older (with the exception of those high school students working in pharmacies as part of school or community sponsored career exploration programs);
- 3. High-school graduate or the equivalent, or currently enrolled in a high school or vocational training program that awards such degree or certificate;
- 4. No convictions of any felony for violations involving controlled substances (subject to waiver by the Board upon presentation of satisfactory evidence that such conviction does not impair the ability of the person to conduct with safety to the public the duties of a pharmacy technician trainee; and
- 5. Currently enrolled in a Board-approved pharmacy technician training program.

Pharmacy technician:

- Application Fee - \$25.00
- 1. Requirements 1-4 listed under Pharmacy technician trainee,
- 2. Successful completion of one of the Board-approved pharmacy technician training programs that includes a ***minimum*** total of 500 hours in a one year period to include theoretical and practical instruction or
- 3. Successful completion of a ***minimum*** of 500 hours of employment as a pharmacy technician trainee within the five (5) years immediately preceding application for licensure.

Pharmacy technician (by Endorsement):

- Application Fee - \$25.00
- 1. Requirements 1-4 listed under Pharmacy technician trainee,
- 2. Current licensure or registration in good standing in another state which has requirements equivalent to the requirements established by the Board.
- 3. Interstate Verification Form (page 12), to be submitted to the BOARD by each state in which a license was issued.

GENERAL INFORMATION

(continued)

Training Programs

Training programs for pharmacy technicians and pharmacy technician trainees that are approved by the Board include:

- A pharmacy technician training program **accredited by the American Society of Health-System Pharmacists**;
- A pharmacy technician training program provided by a branch of the **United States** Armed Services or the U.S. Public Health Service;
- An **employer-based pharmacy technician training program** that includes a minimum total of 500 hours in a one year period to include theoretical and practical instruction;
- A pharmacy technician training program offered by a secondary educational institution that has been approved by the Rhode Island Board of Regents or their designees; or a pharmacy technology degree/certificate awarded by a college or university accredited by a regional accrediting authority.

A person may act and be designated as a pharmacy technician trainee for not more than one (1) year, unless an extension is granted by the Board. Provided, however, pharmacy technician trainees under the age of eighteen (18) shall not be subject to the one year limitation. Each pharmacy technician trainee who completes a Board-approved pharmacy technician training program and becomes eligible for licensure as a pharmacy technician shall submit a **new** application to the Department along with the required non-returnable, non-refundable application fee.

“Grandfather” Provision

Individuals who are enrolled as pharmacy technicians **on or before July 1, 2002** may be licensed by the Board as a pharmacy technician **without** completing a training program, if the individual can document successful completion of a **minimum of 500 hours of employment** as a pharmacy technician trainee within the five (5) years immediately preceding application for licensure. Documentation of completion of the required 500 hours of experience shall be attested to by the applicant under the penalties of perjury and witnessed by the employer.

High-School Career Exploration Programs

High school students working in pharmacies as part of school or community sponsored career exploration programs shall be exempt from the requirements of this section and shall not be required to be licensed as pharmacy technicians.

APPLICATION PROCESS OVERVIEW

The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professions Regulation, and the Rhode Island Board of Pharmacy (BOARD). The BOARD does not recognize, at this time, the certification or licensing of pharmacy technicians. However, no pharmacy technician shall work in a pharmacy in this state without being licensed with the BOARD.

Application Process

This application is for **NEW** applicants. If a license has been issued in the past, do not use this form. Contact the BOARD for information on renewing the license previously issued.

Licensure as a pharmacy technician is not required if the applicant is currently licensed as a Pharmacy Intern.

The pharmacist in charge will certify that the pharmacy technician trainee is licensed in an employer-based training program, that the individual will receive documented on-the-job training with the duties of employment, that the applicant will only be assigned duties for which competency has been demonstrated, or that the individual has successfully completed the training program as a Pharmacy Technician.

All items listed on the "checklist" (page 11) must be completed for an application to be considered complete. Said license, unless sooner suspended or discontinued for due cause in accordance with section 19.0 (Grounds for Denial or Discontinuation of Registration) shall expire annually on July 1st, and shall be renewed annually.

Please allow a minimum of 7 weeks for the entire licensure process to be completed. If you have had criminal or disciplinary history in Rhode Island or another state, it may take an additional two or three months for all pertinent documentation to be received, and a decision to be made regarding the licensure. This is an estimate of the amount of time that is required to become licensed, the entire process may take more or less time than estimated.

Licenses will be issued within five working days following the Board's approval of the completed application. Wallet-sized license cards are mailed approximately three weeks from the date of issuance, and are mailed to the address furnished in the application. It is the applicant's responsibility to notify the BOARD office, in writing, if the address changes during the interim, or at any time after the license is issued. An address change may be emailed to the BOARD at the following web site.

www.healthri.org/hsr/professions/pharmacy.htm

HEALTH will not, for any reason, accelerate processing of one applicant at the expense of other applicants. Once completed, the application will be reviewed, and you will be contacted in writing. Be advised, you may be required to appear for an interview.

NOTE: The technician cannot practice until licensed with the BOARD. The license will expire on June 30th ***(regardless of the date issued)***, and a form will be mailed to renew the license for the period July 1st through June 30th. It is the technician's responsibility to maintain an active license. If a renewal is not received, the licensee is to contact the BOARD, and follow-up on the status of the renewal.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the Board application. If you have any questions about this application process, or would like to check on the status of the BOARD application, please contact the BOARD at (401) 222-2837.

INSTRUCTIONS FOR COMPLETING THE BOARD APPLICATION

Read the following instructions and those throughout the application packet carefully before completing the BOARD application. **Only complete applications will be accepted.** Failure to submit all required information may result in processing delays. All of the information provided is subject to change.

General Instructions

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type the information or print in blue or black ball-point pen. Board staff will not make assumptions about illegible information.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. It is suggested that a copy be made of the completed application before submitting it to the Board.
5. Incomplete applications will be returned unprocessed.
6. It is the applicant's responsibility to check on the status of the application.

Completing your Board Application

1. Complete the **Board Application** (pages 6-8). Respond to all components of the application as instructed. If you attach separate pages in continuation of the Board application, such pages **MUST** clearly indicate the section for which such information is being reported.
2. The registrant must complete Registrant Affidavit and Signature Page, Section 14, prior to submitting the application to the BOARD.
3. The cover page is part of the application, and must be submitted. Pages 2-5 can be removed and kept for future reference.

*Complete all application materials as instructed and arrange them in the order as they appear in the application checklist (page 11). Attach all documents to the BOARD application, along with the check or money order in the amount of **\$25.00** (made payable to the "**RI General Treasurer**", and mail to the following address.*

Rhode Island Department of Health
Board of Pharmacy
Room 205, 3 Capitol Hill
Providence, RI 02908-5097



**DO NOT SUBMIT AN APPLICATION FOR A
PHARMACY TECHNICIAN LICENSE IF YOU ARE
ALREADY LICENSED AS A PHARMACY INTERN.**



State of Rhode Island Board of Pharmacy

Application for Licensure as a Pharmacy Technician or Trainee

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

1. Name(s)

This is the name that will be printed on your License and reported to those who inquire about your License/ Permit/Certificate. Do not use nicknames, etc.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

2. Social Security Number

U.S. Social Security Number

Please Refer to "Mandatory Addendum to License Application" on the last page of this application

3. Gender

☐

Male

☐

Female

4. Date and Place of Birth

Month

Day

Year

City and State; OR Province and Country, etc., if NOT U.S.

5. Home Address

It is your responsibility to notify the board of all address changes,

1st Line Address (Apartment/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

Country, if NOT U.S.

Home Phone

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

State

Zip Code

Postal Code, if NOT U.S.

Home Fax

6. Business Address

It is your responsibility to notify the board of all address changes,

This address will appear on the Department of Health web site.

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

Country, if NOT U.S.

Business Phone

Extension

State

Zip Code

Postal Code, if NOT U.S.

Business Fax

7. Preferred Mailing Address

Please check ONE

- ☐ Please use my **Home Address** as my preferred mailing address
- ☐ Please use my **Business Address** as my preferred mailing address

8. Qualifying Education

List the name and information about the type of school that you last attended.

Type of School (High School, Trade/Technical School, University, College, etc.)																													
Name of School																													
Date Licensed:										Date Graduated:																			
Month Day Year										Month Day Year																			
Diploma/Degree Received (Degree, Associate in Science, etc.)																													
Major																													

9. Technician Certification

☐ Check here if not applicable.

Complete the following information if you have received national certification through the Pharmacy Technician Certification Board (PTCB). If not, check the box on the left for "not applicable".

Date Issued::

 CPhT No.:

Month Day Year

10. Other State Licenses

List all the states in which you have been licensed as a pharmacy technician.

☐ Check here if not applicable.

State: _____	State: _____
<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Pending	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Pending
<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Pending	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Pending
<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Pending	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Pending

11. Criminal Convictions

Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.

If necessary, you may continue on a separate 8½ x 11 sheet of paper.



Have you ever been convicted of a violation of, or plead Nolo Contendere to any federal, state or local statute, regulation or ordinance, or entered into a plea bargain related to a felony (including convictions for driving under the influence)?

☐ Yes ☐ No

Abbreviation of State and Conviction¹ (e.g. CA - Illegal Possession of a Controlled Substance):

_____	Month	Year
	<table border="1" style="width: 40px; height: 20px;"></table>	<table border="1" style="width: 40px; height: 20px;"></table>
_____	<table border="1" style="width: 40px; height: 20px;"></table>	<table border="1" style="width: 40px; height: 20px;"></table>
_____	<table border="1" style="width: 40px; height: 20px;"></table>	<table border="1" style="width: 40px; height: 20px;"></table>

For purposes of this section, a person shall be deemed to be convicted of a crime if he/she plead guilty or if he/she was found or adjudged guilty by a court of competent jurisdiction or has been convicted of a felony by the entry of Nolo Contendere in any state.

12. Disciplinary Questions

Check either Yes or No for each question.

NOTE: If you answer "Yes" to any question, you are **required** to furnish complete details, including date, place, reason and disposition of the matter.

Attach a typed explanation on a separate 8½ x 11 sheet of paper.



1. Have you ever had any disciplinary action(s) taken, or is any pending, against your License to Practice, or are any complaints pending in the State of Rhode Island or any other state? ☐ Yes ☐ No

2. Have you ever had a membership in a professional society revoked, suspended, or limited in any manner or have you voluntarily withdrawn while under investigation? ☐ Yes ☐ No

3. Are there any charges or investigations pending, in any state, against you? ☐ Yes ☐ No

Note: If you answered "yes" to any of these questions, you must attach a typed explanation on a separate sheet of paper.

13. Affidavit of Applicant

Complete this section and sign in the presence of a notary public. Make sure that you and the notary public have completed all components accurately and completely.

Application will be returned if not notarized.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospital(s), institution(s) or organizations(s), my references, personal physicians, employers (past and present) and all governmental agencies and instrumentality's (local, state, federal or foreign) to release to the Rhode Island Board of Pharmacy any information which is material to my application for licensure.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice pharmacy in the State of Rhode Island.

I understand that my records are protected under the Federal and State Regulations governing Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the regulations. I understand that my records are protected under the Federal and State Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Pharmacy of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant

Date of Signature (MM/DD/YY)

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or has produced _____ as documentation and did/did not take an oath.

Name of Notary (Print, Type or Stamp)

Signature of Notary

Notary Seal

Notary No./Commission No.

Commission Expiration Date (MM/DD/YY)

14. Pharmacist-in-Charge Affidavit

To be signed by the pharmacist-in-charge (PIC) of the pharmacy.

Application will be returned if not completed.

I hereby certify that the applicant:

_____ Is a pharmacy technician trainee, and will receive training as required.

_____ Has received a minimum of 500 hours in an employer-based training program, and is qualified for licensure as a pharmacy technician.

Date Hired (in a technician or trainee capacity)

Pharmacy Name _____

PIC Name (Printed) _____

Signature _____

Date Signed _____



**State of Rhode Island and Providence Plantations
Department of Health**

Office of the Director

Message from the Director of Health

Dear Applicant:

The following page contains questions regarding your race and ethnicity. The Department of Health is attempting to promote diversity among health professionals. The Department can measure its success in promoting diversity by identifying gaps in our diversity. Also, it will utilize this information in order to select members for professional regulatory boards at the Department of Health.

Answering these questions is entirely voluntary. Your willingness to provide this information will not affect your licensure in any way. Data will be used only in accordance with Title VI of the Civil Rights Act of 1964.

Rhode Island has a strong interest in promoting diversity among the health professions. Offering culturally competent health care, better serving minority communities, providing role models for minority youth and encouraging minority persons to become health professionals will make our communities healthier and safer.

Please join us in our attempts to attain these worthy goals by answering the questions on the following page.

Sincerely,

Patricia A. Nolan, MD, MPH
Director of Health



1. Ethnicity: Are you of Hispanic or Latino ethnicity? ☐ Yes ☐ No

[illegible]

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APPLICATION CHECKLIST

Please review the following checklist to ensure that all the components of the application process has been satisfied. Some items may not apply.

Board Application

- ☐ I have read and understand the "Instructions for Completing the Application."
- ☐ I am not already licensed as a pharmacy intern.
- ☐ I have completed the Rhode Island Board application as instructed (pages 6-8).
- ☐ I have completed Section 13, "**Affidavit of Applicant**", and had the form notarized by a notary public.
- ☐ I had Section 14, "**Registrant Affidavit**" completed by the Pharmacist in Charge of the pharmacy at which I will be performing tasks as a Pharmacy Technician or Trainee.
- ☐ I have a **check** or **money order** (preferred), made payable (in U.S. funds only) to the "**RI General Treasurer**" in the amount of **\$25.00**, and have attached it to the upper left-hand corner of the cover page of the application.
- ☐ I have arranged my Board Application materials in the following order.
 1. Board Application (cover page of application, and pages 6-8).
 2. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application **MUST** indicate the section for which the information is being reported.]
 3. Copy of license or registration issued in another state (endorsement applicants only).
- ☐ I have mailed the above application materials directly to the Board of Pharmacy, Department of Health.
- ☐ I am applying for licensure by endorsement, and have submitted the Verification Form(s) to each state in which I am licensed or registered.



Substitute forms are not acceptable - This form may be duplicated as needed .

Rhode Island Board of Pharmacy
Room 205, Three Capitol Hill
Providence, RI 02908-5097
(401) 222-2837

INTERSTATE VERIFICATION FORM - OTHER STATES OF LICENSURE

THIS SECTION TO BE COMPLETED BY APPLICANT

I am applying for a license to practice as a **pharmacy technician** in the State of Rhode Island. The Rhode Island Board of Pharmacy requires that the following form be completed by the jurisdiction in which I obtained a license. This constitutes your authority to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Pharmacy at the above address.

Print/Type Full Name

Signature

Date

Previous Names Used

Social Security Number

Date of Birth

License Number

THIS SECTION TO BE COMPLETED BY PHARMACY BOARD

License Status:

☐ Active ☐ Inactive ☐ Lapsed

Original Date Issued:

Expiration Date:

Reason for "Inactive Status"

Questions:

1. Has this licensed technician ever been investigated by your Board? ☐ Yes ☐ No
2. Has this licensed technician incurred any disciplinary proceedings in your state, or is any action pending? ☐ Yes ☐ No
3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? ☐ Yes ☐ No
4. Do you know of any information that may discredit this person? ☐ Yes ☐ No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Consent Order, final action, etc.).

Certification:

Signature

Date

Type or Print Name

Title

Full Name of Licensing Board

Please Affix
Board Seal Here

Please return directly to the Board at the above address. Thank you for your prompt cooperation.

State of Rhode Island and Providence Plantations



DEPARTMENT OF HEALTH

Office of the Director

Cannon Building

3 Capitol Hill

Providence, RI 02908-5097

Mandatory Addendum to License Application

Verification of Social Security Number/Federal Employer Identification
Number and affidavit concerning taxpayer status

Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.

Signature

Date

Social Security Number (SSN) or Federal
Employer Identification Number (FEIN)

Furnishing the SSN and/or FEIN is mandatory. The SSN and/or FEIN will be transmitted to the Rhode Island Division of Taxation pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended.

This form MUST be completed, signed and attached to your license application in order for us to process your application.